

SPUMC Weekday School Registration Packet

Section C



Includes:

**Medical Information Form
Individualized Care Plan (ICP)**

REV 1-2025

Date of most recent check-up _____

1. Does this child enjoy good health, free from any chronic conditions? _____
If no, explain _____
2. Does this child demonstrate normal motor and mental development? _____
If no, explain _____
3. Should this child have any physical restrictions? _____
If yes, explain _____
4. Should this child be on any dietary restrictions? _____
5. Does this child have any known allergies or intolerances to food, medication, or animals?
If yes, explain _____
6. Does this child have any medical conditions SPUMC Weekday School needs to be aware of? _____
If yes, explain. _____
7. Is this child on any special dietary restrictions? _____
If yes, explain. _____

SEE INDIVIDUAL CARE PLAN-NEXT PAGE

Please complete vaccine dates below or attach information

VACCINE	#1	#2	#3	#4	#5
DTP/DT					
Polio					
HiB					
Hepatitis B					
MMR					
Chicken Pox					
Prevnar					
Other					

Physician's Signature

Date _____

(Part B must be completed and signed by the parent)

Part B

If your child has not been immunized, note the reason and provide waiver.

personal religious other

Parent's Signature

Date _____

**SPUMC Weekday School
INDIVIDUALIZED CARE PLAN (ICP)**

Please have your child’s physician provide an Individualized Care Plan if your child has special health care needs. This plan must be signed and dated by the physician. A new plan must be provided at the beginning of each school year.

This includes, but is not limited to:

Use of medication while at school such as:

- Asthma medication
- EpiPen

Food allergies or intolerances such as:

- Nuts
- Peanut butter
- Milk
- Wheat

Physical or emotional needs such as:

- Delayed speech
- Physical handicap

This ICP helps protect your child while attending SPUMC Weekday School from coming in contact with foods that he/she may be allergic to. It also helps the staff at SPUMC Weekday School provide the best possible care for your child should they have special needs.

I give SPUMC Weekday School permission to post information about my child’s food allergy in the classroom and Weekday School office.

Child’s Name

Parent’s Signature

Date